

City of Marietta
Parks, Recreation & Facilities Department
Adult Basketball Program Registration

Division (check box): Men's 35 & Over -Monday Nights ☐

Team Name: _____

Men's Recreational (Church, Industrial) -Wednesday Nights ☐

Primary Team Contact

Manager (print) _____ Address _____ City _____ Zip _____

Work Phone: _____ Home Phone: _____ Cell: _____ Email: _____

Secondary Team Contact

Asst. Manager: _____ Address: _____ City _____ Zip _____

Work Phone: _____ Home Phone: _____ Cell: _____ Email: _____

PLAYER ROSTER

Players Names	Full Mailing Address (<i>include City & Zip</i>)	Phone	Player Contract
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Department Use Only

Receipt # _____ Received by _____ Date _____

Amt. Paid: _____ Cash ☐ Check # _____ VISA __ Mstr. Card __ Discover __

Comments: